

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09937322

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		6				
5		6				
6		6				
7		6				
8		6				
9		6				
10	1					
11						
12		6				
13	1					
14		6				
15		6				
16		6				
17		6				
18		6				
19		6				
20		6				
21		6				
22		6				
23		6				
24		6				
25		6				
26		6				
27		6				
28		6				
29		6				
30		6				
31		6				
32	1					
33		6				
34		6				
35		6				
36	1					
37			1			
38			1			
39			1			
40						
41						
42				1		
43				2		
44				1		
45				1		
46				2		
47				2		
48				2		
49				1		
50				2		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				2		
52				4		
53				4		
54				4		
55				1		
56				4		
57				4		
58				4		
59				4		
60				4		
61				4		
62				4		
63				4		
64				4		
65				4		
66				4		
67				4		
68				4		
69				4		
70				4		
71				4		
72				4		
73				4		
74			1			
75			1			
76			1			
77			1			
78				4		
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.				8		
TOTAL DEP.				96		
TOTAL CLAIMS				117		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS